Case 11-07381-MM13 Filed 05/16/11 Entered 05/16/11 16:03:36 Doc 10 Pg. 1 of 7

B22C (Official Form 22C) (Chapter 13) (12/10)

In re Young Hee Kim	According to the calculations required by this statement: The applicable commitment period is 3 years.
Case Number: Debtor(s) 11-07381	☐ The applicable commitment period is 5 years. ☐ Disposable income is determined under § 1325(b)(3).
(If known)	■ Disposable income is not determined under § 1325(b)(3). (Check the boyes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

			EPORT OF INC						
1	Marital/filing status. Check the box that applies an a. □ Unmarried. Complete only Column A ("Debto b. ■ Married. Complete both Column A ("Debto")	tor's	Income") for Li	nes 2-10.					
	All figures must reflect average monthly income rec- calendar months prior to filing the bankruptcy case, the filing. If the amount of monthly income varied six-month total by six, and enter the result on the ap	eived endir durin	from all sources ig on the last day g the six months.	, derived d of the mo	uring the six nth before		Column A Debtor's Income		Column B Spouse's Income
2	Gross wages, salary, tips, bonuses, overtime, com	missi	ons.			\$	0.00	\$	0.00
3	Income from the operation of a business, profession enter the difference in the appropriate column(s) of profession or farm, enter aggregate numbers and pronumber less than zero. Do not include any part of a deduction in Part IV.	Line ovide the b	3. If you operate details on an atta ousiness expense Debtor	more than achment. D s entered	one business, to not enter a ton Line b as				
	a. Gross reversion	\$	18,484.00	\$	0.00				
	b. Ordinary and necessary business expenses c. Business income	\$	12,538.00 ract Line b from		0.00		5,946.00	ď	0.0
4	the appropriate column(s) of Line 4. Do not enter a part of the operating expenses entered on Line b	as a	deduction in Par Debtor	rt IV.	pouse				
	a. Gross receipts	\$	0.00		0.00				
	Ordinary and necessary operating expenses Rent and other real property income	\$ Sub	tract Line b from		0.00	\$	0.00	\$	0.00
5	Interest, dividends, and royalties.	1000				s	0.00	\$	0.00
6	Pension and retirement income.		16			s	0.00	\$	0.00
7	Any amounts paid by another person or entity, of expenses of the debtor or the debtor's dependent purpose. Do not include alimony or separate main	s, inc tenan	luding child sup ce payments or a	port paid mounts pa	for that id by the			6	
16	debtor's spouse. Each regular payment should be re	porte Colum	m B.	omit, ir a p		\$	0.00	\$	0.00
8	debtor's spouse. Each regular payment should be re- listed in Column A, do not report that payment in C Unemployment compensation. Enter the amount i However, if you contend that unemployment comp- benefit under the Social Security Act, do not list th or B, but instead state the amount in the space belo	Colum n the ensati e amo	m B. appropriate colu on received by y	mn(s) of L ou or your	ine 8. spouse was a	\$	0.00	3	0.00

				y or	arate of alimony Security Addition	ny or sep payment the Social	nclude alimo de all other reived under nst humanity	 Do not se, but inc benefits r 	arces. Specify so and enter on Line aid by your spou o not include any tim of a war crim errorism.	rate page. Tota ince payments maintenance.	on a separ- maintenar separate r payments	9
					Spouse	\$	Debtor	\$				
0.00	\$	0.00	S			\$		\$			b.	
0.00	s	5,946.00	\$	rough 9	d Lines 2 th	pleted, ad	mn B is com	and, if Col	u 9 in Column A, stal(s).	Add Lines 2 to n B. Enter the	Subtotal.	10
5,946.00			\$	nd enter \.	olumn B, ar , Column A	ine 10, C m Line 10	olumn A to I amount from	d Line 10, ted, enter t	en completed, ad s not been comple	Column B has	Total, If (11
		OD	PERI	IENT I	MMITM)(4) CO	§ 1325(b	TION C	I. CALCULA	Part		
5,946.00	s								ine 11	e amount from	Enter the	12
		or spouse, basis for g this btor or the	of you gular b cluding the de	e income d on a re sis for ex- her than t addition	usion of the as NOT paid ow, the basi persons off ecessary, list	equire incount of the second o	t) does not re e 10, Column specify, in the the spouse's to each purp ljustment do	§ 1325(b) listed in Li endents and c liability of ome devote	ou are married, b ment period unde int of the income f you or your dep of the spouse's ta the amount of inc conditions for en	on of the comm Line 13 the am chold expenses such as payment dependents) and	calculation enter on I the house income (s	13
0.00	\$			1			\$				c,	
5,946.00	Sec.							Q. 10		d enter on Line	200000000000000000000000000000000000000	
71,352.00	\$ \$	per 12 and	e numb	14 by the	from Line 1	e amount	. Multiply th		ine 12 and enter	zed current m		15
79 960 00	c	size. (This	ehold court.)	ikruptcy	c of the ban	n the cler	v/ust/ or from	ww.usdoj.	y income. Enter y family size at w	ion is available	informati	16
78,869.00	S	4		size:	household s	100		CA	Managari, massa	debtor's state	-3536 (6345-6150)	
		commitmen	licable	"The app	ox for "The	heck the b . Check tement.	Line 16. Clis statement. t on Line 16 with this state	e amount of inue with the n the amound continue	(4). Check the ap 15 is less than th tatement and con 15 is not less tha f this statement ar	amount on Lin of page 1 of this amount on Lin e top of page 1	■ The a top of	17
# AVX. (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	25	NCOME	BLE IN	SPOSAE	INING DIS	ETERM	b)(3) FOR D	OF § 1325	APPLICATION	Part III		
5,946.00	\$			107.75					Line 11.	ne amount from	Enter the	18
		es of the ne(such as or's	expense 3 income e debte	usehold e Column I stor or the	for the hou luding the C han the debt list addition	ular basis is for exc ns other the necessary,	paid on a reg selow the bas port of perso purpose, If r	at was NO in the lines spouse's su oted to eac	you are married, by 10, Column B the sendents. Specify ax liability or the unt of income devilitions for entering	ome listed in Li r the debtor's d t of the spouse's onts) and the an	any incor debtor or payment depender	19
										_		
0.00	\$								9.	d enter on Line	Total and	

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21		lized current monthly inco ne result.	ome for § 1325(b)(3). N	lultip	ly the an	nount from Line 20	by the number 12 and	\$	71,352.00
22	Applic	able median family income	e. Enter the amount from	n Line	e 16.			\$	78,869.00
23	☐ The 132 ■ The	ation of § 1325(b)(3). Chec amount on Line 21 is mor 25(b)(3)" at the top of page amount on Line 21 is not 25(b)(3)" at the top of page	te than the amount on a lof this statement and common than the amount	Line i	22. Che ete the r	ck the box for "Dis emaining parts of t Check the box for	his statement. "Disposable income is no	t deteri	mined under §
		Part IV. CA	LCULATION C)F D	EDU	CTIONS FRO	OM INCOME		
		Subpart A: De	ductions under Star	ndaro	is of th	e Internal Reve	nue Service (IRS)		
24A	Enter i applica bankru on you	al Standards: food, appar in Line 24A the "Total" amount able number of persons. (The ptcy court.) The applicable in federal income tax return, al Standards: health care.	el and services, housek bunt from IRS National a his information is availa number of persons is th plus the number of any	eepin Stand ble at e nun addit	g suppl ards for www.u aber that ional de	ies, personal care, Allowable Living sdoj.gov/ust/ or fro would currently b pendents whom yo	and miscellaneous. Expenses for the m the clerk of the e allowed as exemptions u support.	\$	12
24B	Out-of Out-of www.t who ar older. be allo you su	Pocket Health Care for per- Pocket Health Care for per- isdoj.gov/ust/ or from the clar re under 65 years of age, and (The applicable number of powed as exemptions on your pport.) Multiply Line al by 1. Multiply Line a2 by Line d Lines c1 and c2 to obtain	sons under 65 years of a sons 65 years of age or lerk of the bankruptcy of denter in Line b2 the ap persons in each age cate federal income tax retu Line b1 to obtain a total	age, a older ourt.) oplica gory rn, pl al amo	nd in Li , (This in Enter in ble num is the nu us the nu ount for or perso	ne a2 the IRS Nation formation is available. Line b1 the application ber of persons who mber in that category amber of any addit persons under 65, and 61der, ar	onal Standards for able at able number of persons are 65 years of age or ory that would currently ional dependents whom and enter the result in ad enter the result in Line		
	Perso	ons under 65 years of age		Pers	ons 65	years of age or old	er		
	a1.	Allowance per person		a2,	Allow	ance per person	7		
	ы.	Number of persons		b2.	Numb	er of persons			
	cl.	Subtotal		c2.	Subtot	al		S	
25A	Utilitie availal the nu	Standards: housing and u es Standards; non-mortgage ble at www.usdoj.gov/ust/ o mber that would currently b Iditional dependents whom	expenses for the applic or from the clerk of the b oe allowed as exemption	able o bankri	county a intev co	nd family size. (11 urt). The applicable	e family size consists of	\$	
25B	Housi availa the nu any ac debts	Standards: housing and ung and Utilities Standards; ble at www.usdoj.gov/ust/comber that would currently biditional dependents whom secured by your home, as stater an amount less than zero. IRS Housing and Utilities Average Monthly Paymen	mortgage/rent expense for from the clerk of the lose allowed as exemption you support); enter on losted in Line 47; subtracero. Standards; mortgage/rest for any debts secured by	or yo bankro is on Line b t Line nt exp	ur count uptcy co your fed the tota e b from	y and family size (i urt) (the applicable eral income tax ret d of the Average M	this information is family size consists of urn, plus the number of lonthly Payments for any		
	c.	home, if any, as stated in I Net mortgage/rental expen		-		Subtract Line b fi	om Line a.	s	
26	Local 25B d Stand	Standards: housing and u loes not accurately compute ards, enter any additional au ntion in the space below:	tilities; adjustment. If	you	are entit	that the process selled under the IRS 1	out in Lines 25A and lousing and Utilities	\$	

	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the organdless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense.	expenses of operating a vehicle and	
27A	included as a contribution to your household expenses in Line 7. 0	□ 1 □ 2 or more.	
	If you checked 0, enter on Line 27A the "Public Transportation" amout Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	"Operating Costs" amount from IKS Local applicable Metropolitan Statistical Area or	\$
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public Tr. Standards: Transportation. (This amount is available at www.usdoj.go court.)	an additional deduction for an additional deduction for an apportation amount from the IRS Local are from the clerk of the bankruptey	\$
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.) 1 2 or more.	ship/lease expense for more than two	
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of Monthly Payments for any debts secured by Vehicle 1, as stated in Line the result in Line 28. Do not enter an amount less than zero.	court); enter in Line b the total of the Average	
	a IRS Transportation Standards, Ownership Costs	S	
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 47	s	
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
29	(available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Li the result in Line 29. Do not enter an amount less than zero. a. IRS Transportation Standards, Ownership Costs	ne 47; subtract Line b from Line a and enter	
	Average Monthly Payment for any debts secured by Vehicle b. 2. as stated in Line 47	s	08
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	S
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$
31	Other Necessary Expenses: involuntary deductions for employme deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	s
32	Other Necessary Expenses: life insurance. Enter total average mor life insurance for yourself. Do not include premiums for insurance any other form of insurance.	on your dependents, for whole life or for	\$
33	Other Necessary Expenses: court-ordered payments. Enter the top pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.	tal monthly amount that you are required to spousal or child support payments. Do not	s
34	Other Necessary Expenses: education for employment or for a ph the total average monthly amount that you actually expend for educated education that is required for a physically or mentally challenged dep providing similar services is available.	tion that is a condition of employment and for	\$
35	Other Necessary Expenses: childcare. Enter the total average mon childcare - such as baby-sitting, day care, nursery and preschool. Do	thly amount that you actually expend on not include other educational payments.	\$
36	Other Necessary Expenses: health care. Enter the total average me health care that is required for the health and welfare of yourself or health savings account, and that is in excess of include payments for health insurance or health savings accounts	onthly amount that you actually expend on our dependents, that is not reimbursed by f the amount entered in Line 24B. Do not	\$

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37	actually pagers.	y pay for telecommunication services call waiting, caller id, special long di	ation services. Enter the total average monthly amount that you other than your basic home telephone and cell phone service - such as istance, or internet service-to the extent necessary for your health and include any amount previously deducted.	\$
38	Total I	Expenses Allowed under IRS Stand	ards. Enter the total of Lines 24 through 37.	\$
			8: Additional Living Expense Deductions le any expenses that you have listed in Lines 24-37	
	Health the cate depend	egories set out in lines a-c below that	nd Health Savings Account Expenses. List the monthly expenses in are reasonably necessary for yourself, your spouse, or your	
39	a.	Health Insurance	\$	
	b.	Disability Insurance	\$	
	c,	Health Savings Account	\$	
	Total a	and enter on Line 39		\$
	If you below:		nount, state your actual total average monthly expenditures in the space	
	\$			
40	expens ill, or o	ses that you will continue to pay for the	usehold or family members. Enter the total average actual monthly are reasonable and necessary care and support of an elderly, chronically r member of your immediate family who is unable to pay for such in Line 34.	\$
41	actuall	v incur to maintain the safety of your	he total average reasonably necessary monthly expenses that you family under the Family Violence Prevention and Services Act or other expenses is required to be kept confidential by the court.	\$
42	Standa	ards for Housing and Utilities that you	monthly amount, in excess of the allowance specified by IRS Local actually expend for home energy costs. You must provide your case l expenses, and you must demonstrate that the additional amount	s
43	actuall school docum	ly incur, not to exceed \$147.92 per ch by your dependent children less than	en under 18. Enter the total average monthly expenses that you nild, for attendance at a private or public elementary or secondary 18 years of age. You must provide your case trustee with not you must explain why the amount claimed is reasonable and in the IRS Standards.	\$
44	expens Standa or from	ses exceed the combined allowances tards, not to exceed 5% of those combined	ter the total average monthly amount by which your food and clothing for food and clothing (apparel and services) in the IRS National ined allowances. (This information is available at www.usdoj.gov/ust/ You must demonstrate that the additional amount claimed is	\$
	Chari	table contributions. Enter the amour	nt reasonably necessary for you to expend each month on charitable al instruments to a charitable organization as defined in 26 U.S.C. §	52
45	170(c)	(1)-(2). Do not include any amount	in excess of 15% of your gross monthly income.	S

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			Subpart C: Deductions for	Debt Pa	yment		
47	own, check sched case.	list the name of creditor, it whether the payment inc	claims. For each of your debts that is section identify the property securing the debt, stalludes taxes or insurance. The Average Moto each Secured Creditor in the 60 month ary, list additional entries on a separate page.	nte the Ave onthly Pay s followin:	rage Montr ment is the g the filing	total of all amounts of the bankruptcy	
	ĺ	Name of Creditor	Property Securing the Debt	N	verage Aonthly ayment	Does payment include taxes or insurance	
	a.			\$		□yes □no	
				Tota	ıl: Add Lin	es	\$
48	your paym	deduction 1/60th of any a nents listed in Line 47, in s in default that must be pa following chart. If necessar	y necessary for your support or the suppour amount (the "cure amount") that you must order to maintain possession of the proper aid in order to avoid repossession or force ry, list additional entries on a separate pag	pay the cr ty. The cu losure. Lis	re amount of t and total	would include any	
		Name of Creditor	Property Securing the Debt	S		of the Cure Amount	
	a.			3		Total: Add Lines	\$
50	a. b.	Projected average mo Current multiplier for issued by the Executivinformation is availab the bankruptcy court.	nthly Chapter 13 plan payment. your district as determined under schedul we Office for United States Trustees. (This le at www.usdoj.gov/ust/ or from the cler	\$ les s k of x		Lines a and b	\$
	c.				an irranepy		S
51	Tota	al Deductions for Debt P	ayment. Enter the total of Lines 47 throu	100	Inacma		***
			Subpart D: Total Deductio		income		\$
52	Tota		income. Enter the total of Lines 38, 46, a				-
		Part V. DETI	ERMINATION OF DISPOSABI	LE INCO	OME UN	DER § 1325(b)(2)	
53	Tot	al current monthly incon	ne. Enter the amount from Line 20.				S
54	navi	port income. Enter the n ments for a dependent chi , to the extent reasonably	nonthly average of any child support payn	nents, foste accordance	er care payn e with appl	nents, or disability icable nonbankruptcy	\$
		ue a stance at deduct	necessary to be expended for such clind.				
55	wag	es as contributions for qu	tions. Enter the monthly total of (a) all an alified retirement plans, as specified in § 362(b)(19).	nounts with 541(b)(7)	nheld by yo and (b) all r	ur employer from equired repayments of	s

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7	of the special circumstance	with documentation of these e es that make such expense nec	essary and reasonable.	int of Expense	٦
	Nature of special cir	cumstances	\$	int of Expense	
	a.		\$		1
	b.		s		1
	c.			: Add Lines	s
	Total adjustments to deter	rmine disposable income. Add	d the amounts on Lines 5	4, 55, 56, and 57 and enter the	\$
		ne Under § 1325(b)(2). Subtra	act Line 58 from Line 53	and enter the result.	\$
			ONAL EXPENSE O		de le colde and walf
	C A Camile and	that you contend should be an	additional deduction Iro	his form, that are required for t m your current monthly income ures should reflect your averag	c under g
	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expen	that you contend should be an essary, list additional sources or ses.	additional deduction Iro	ures should reflect your averag	e monthly expense
	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expen	that you contend should be an essary, list additional sources or ses.	additional deduction Iro	ures should reflect your averag	e monthly expense
)	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expen	that you contend should be an essary, list additional sources or ses.	additional deduction Iro	ures should reflect your averag	e monthly expense
)	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expense Description a. b.	that you contend should be an essary, list additional sources or ses.	additional deduction Iro	ures should reflect your averag Monthly Amour	e monthly expense
)	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expense Description a. b. c.	that you contend should be an essary, list additional sources or ses.	additional deduction Iro	Monthly Amour \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	e monthly expense
)	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expense Description a. b.	that you contend should be an essary, list additional sources or ses.	additional deduction Iro	Monthly Amour S S	e monthly expense
)	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expense Description a. b. c.	that you contend should be an essary, list additional sources or ses. Total: Add	additional deduction fron	Monthly Amour \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	e monthly expense
)	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expense Description a. b. c. d.	that you contend should be an essary, list additional sources or ses. Total: Add	Lines a, b, c and d	Monthly Amour S S S S \$	nt
	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expense Description a. b. c. d.	Total: Add Part VI perjury that the information pro	Lines a, b, c and d I. VERIFICATION wided in this statement is	Monthly Amour Monthly Amour S S S S S S S S S S S S S S S S S S	nt
60	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expense Description a. b. c. d.	that you contend should be an essary, list additional sources or ses. Total: Add	Lines a, b, c and d I. VERIFICATION wided in this statement is	Monthly Amour Monthly Amour Monthly Amour s s s s true and correct. (If this is a j it Isl Larry Jinuk Kim	e under §
	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expense Description a. b. c. d.	Total: Add Part VI perjury that the information pro	Lines a, b, c and d I. VERIFICATION wided in this statement is	Monthly Amour Monthly Amour S S S S S S S S S S S S S S S S S S	te monthly expense
	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expense Description a. b. c. d.	Total: Add Part VI perjury that the information pro	Lines a, b, c and d I. VERIFICATION ovided in this statement is	Monthly Amour Monthly Amour Monthly Amour s s s s true and correct. (If this is a j Larry Jinuk Kim Larry Jinuk Kim (Debtor)	e monthly expense
0	of you and your family and 707(b)(2)(A)(ii)(I). If nece each item. Total the expense Description a. b. c. d. ld. ldeclare under penalty of must sign.)	Total: Add Part VI perjury that the information pro	Lines a, b, c and d I. VERIFICATION wided in this statement is	Monthly Amour Monthly Amour Monthly Amour strue and correct. (If this is a j	e monthly expense